

PUBLIC VOUCHER FOR PURCHASES

SERVICES OTHER THAN PERSONAL

Bu. Vou. No. _____

Page 1 of 1

U. S. _____

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To Ramo Wooldridge Corporation

(Payee)

8820 Ballanca Ave.

Los Angeles, California

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms Invoice No.	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		2032				477	25
		2033				702	68
		2034				18,267	10
		2035				23,698	24
		2036				954	34
PAYMENT:							
Complete <input type="checkbox"/>							
Partial <input type="checkbox"/>							
Final <input type="checkbox"/>							
		Use continuation sheet(s) if necessary					

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 44,099 61

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

(Sign original only)

STATINTL

Date _____ *Payee _____

(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for _____

(Signature or initials)

Per _____ Title _____ Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

STATINTL

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

(Approved by official)

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

STATINTL

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____. Payee _____ } favor of payee named above.
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the voucher must be signed by one person and approved by another.

Per _____

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010153-6

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

(Address)

(City)

(State)

PAID BY

Encl 41
SAPC 24898
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				477.	25
Use continuation sheet(s) if necessary							

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Shipped from _____ to _____ Weight _____ Government B/L No. _____

I certify that the above bill is correct and just and that payment has not been received.

STATINTL

(Sign original only)

(Payee must NOT use this space)

Differences _____

Date 2/21/58

*Payee

(Not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for _____

(Signature or initials)

Per _____

Title _____

Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____. Payee _____ (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given, as in the following: "John Doe Company, per John Smith, Secretary," or "Treasury," as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010153-6

Public Voucher for Purchase and
Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 2032
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract <u>A-101</u> System I Direct Costs Properly Chargeable to Contract <u>A-101</u> for Week Ending 2/16/58 STATINTL Research & Development					
		Labor for Week Ending February 16, 1958 JV 018603 STATINTL STATINTL					
		Overhead computed for Communications Division at interim rates as follows: Research & Development - <input checked="" type="checkbox"/> Production - <input checked="" type="checkbox"/>					
		Total Labor and Overhead					
		G & A expense computed at interim rate of <input type="checkbox"/>					
		Total Costs STATINTL				\$	<u>477.25</u>